| Recipient Committee Campaign Statement Cover Page | | ink. Date Stamp CALIFORNIA 460 EURIA | | | |
|--|--|---|--|--|--|
| (Government Code Sections 84200-84216.5) | Statement covers period from $\frac{2/19/02}{4/23/02}$ | A. REGISTRA | 19 2007 Page 0/ of 3 | | |
| SEE INSTRUCTIONS ON REVERSE | through | March 2002 by WW | M CAR COLL I | | |
| 1. Type of Recipient Committee: All Committees - Co | omplete Parts 1, 2, 3, and 4. | 2. Type of Statement: | | | |
| Slate Candidate Election Committee Recall (Also Complete Parl 5) General Purpose Committee Sponsored Small Contributor Committee | Ballot Measure Committee Primarity Formed Controlled Sponsored Also Complete Part 6) Primarity Formed Candidate/ Officeholder Committee (Also Complete Part 7) | Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain below) | Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495 | | |
| 3. Committee information | D. NUMBER 3-037/ | Treasurer(s) | | | |
| TIM SILVA FOR SUPE STREET ADDRESS (NO PQ. BOX) | 2 UISOT | MAILING ADDRESS CITY NAME OF ASSISTANT PREASURER, IF ANY | AREA CODE/PHONE | | |
| MAILING ADDRESS IF DIFFERENT) NO. AND STREET OR P.O. | BOX | MAILING ADDRESS | | | |
| CITY STATE ZIP C | ODE AREA CODE/PHONE | CITY STA | ATE ZIP CODE AREA CODE/PHONE | | |
| OPTIONAL: FAX / E-MAIL ADDRESS | | OPTIONAL: FAX / E-MAIL ADDRESS | | | |
| 4. Verification I have used all reasonable diligence in preparing and review certily under penalty of perjury under the laws of the State Executed on | By | knowledge the information contained herein and in and correct. Signature of Treesurer or Assistant Treasurer Signature of Controlling Officeholder, Candidate, State Measure Proponent Signature of Controlling Officeholder, Candidate, State Measure Proponent | Officer of Sponsor | | |
| | | | State of California | | |

Recipient Committee Campaign Statement Cover Page — Part 2 CALIFORNIA FORM 460

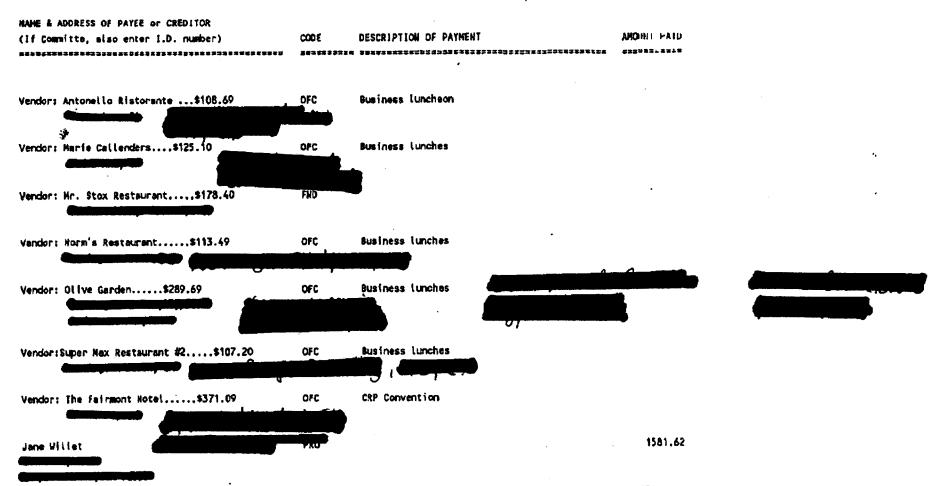
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| officeholder or Candidate Controlled Committee | 6. | Ballot Measure Commi | ttee —————— | | | |
|---|----|---|----------------|-----------------------|-----------------|-----------------|
| IAME OF OFFICEHOLDER OR CANDIDATE | | NAME OF BALLOT MEASURE | | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) | | BALLOT NO. OR LETTER JURISDICTION | | N | SUPPORT OPPOSE | |
| RESIDENTIALBUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP | | Identify the controlling off | iceholder, can | didate, or sta | ite measure pr | oponent, if an |
| | | NAME OF OFFICEHOLDER, CAR | IDIDATE, OR PR | OPONENT | | 1, |
| Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy. | | OFFICE SOUGHT OR HELD | | | DISTRICT NO. IF | ANY |
| COMMITTEE NAME 1.D. NUMBER | | | | | | |
| NAME OF TREASURER CONTROLLED COMMITTEE? YES NO | 7. | Primarily Formed Con which this committee is prin | narily formed. | | | indidate(s) for |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) | | NAME OF OFFICEHOLDER OR CANDIDATE | | OFFICE SOUGHT OR HELD | | SUPPOR |
| CITY STATE ZIP CODE AREA CODE/PHONE | | NAME OF OFFICEHCLDER OR | CANDIDATE | OFFICE SOU | GHT OR HELD | SUPPORT |
| COMMITTEE NAME I.D. NUMBER | | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOUGHT OR HELD | | SUPPOR |
| NAME OF TREASURER CONTROLLED COMMITTEE? | _ | NAME OF OFFICEHOLDER OR | CANDIDATE | OFFICE SOU | IGHT OR HELD | SUPPOR |
| YES NO | | | | ı | | |
| | | | | | | |



PAYMENT AND CONTRIBUTIONS (Other Than Loans) MADE
Statement covers period from 02/17/02 thru 06/30/02

JIM SILVA FOR SUPERVISOR - IDM03-0371



Subtotal: 1581.62